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beneficial approach in many circumstances. Frequently however, the physician may know exactly what drug they wish to prescribe, in which case they can prescribe via direct drug selection block 67 by proceeding to a direct drug entry screen, and then specifying the condition targeted by the prescribed treatment when the system prompts entry of the condition block 111.--

**REMARKS**

This Amendment is being filed to incorporate amendments to the specification and adding new Figures 17-21 from the parent application. The specification was previously amended to include the description of Figures 17-21, however the drawings were not previously provided and they are submitted herewith. Entry of this Amendment is hereby requested.

To the extent necessary, a petition for an extension of time under 37 C.F.R. 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account 500417 and please credit any excess fees to such deposit account.

Respectfully submitted,

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**VERSION WITH MARKINGS TO SHOW CHANGES MADE**

**IN THE SPECIFICATION:**

The paragraph beginning at page 3, line 17 through page 4, line 5, has been amended as follows:

[Typically, drug formularies comprise lists of preferred drugs whose costs will be borne by a drugs benefit house.] As used herein, the term "drug formulary" refers to a list of preferred drugs contained in a drug benefits plan issued by a drugs benefit provider to a given patient. Drug formularies are specific to groups of patients and vary in content as between one drug benefit provider and another and one patient group and another. Drug formulary information is usually determinative of the cost-effectiveness of a prescription. Unwitting failure by a prescriber to follow formulary guidelines can impose unnecessary or unexpected cost burdens on the patient, or their benefits provider, and lead to poor patient compliance and aggravating and time-consuming disputes. The cost in dollars of non-compliance with drug formulary guidelines to benefit-providing corporations, insurers, health maintenance organizations and government providers, for example MEDICAID and MEDICARE, can be enormous. The cost of poor patient compliance may ultimately increase the total cost of care by generating a more serious, expensive adverse health outcome (emergency room visit, or hospital admission or death).

The paragraph beginning on page 11, line 7, has been amended as follows:

More generally, the invention provides a computer-based professional product specification system for use by other professionals, in addition to physicians and, which can deliver substantial benefits to mobile[,] users [who may be computer-inexperienced].

The paragraph beginning on page 11, line 11, has been amended as follows:

By associating a patient condition or problem with each drug prescribed, a treatment objective is both expressed and recorded, [... physician intent ... and deliver for physicians the problem is solved by providing a user- friendly] and the physician's intent is captured. The invention provides a user-friendly prescription management [system, requiring] system which requires minimal data entry enabling many prescriptions to be created with an overall efficiency unobtainable by [any] known automated [system] systems and which can helpfully supplement the skills of the best of practitioners.

The paragraph beginning on page 27, line 25 through page 28, line 6, has been amended as follows:

A still more preferred feature is to have user passwords which link each user with an individual profile or style sheet on the host computer facility representing the user's [patterns] pattern of preferences so that the user-customization features of the system, which will be described more fully hereinafter, are readily available to the user independently of the particular interface device that happens to be employed for accessing the system.

The paragraph beginning on page 56, line 14, has been amended as follows:

A highlighted prior prescription can be automatically renewed by clicking or pushing an **Renew Rx** button 62. Typically, prescription creation screen 39 opens with the most recent prescription highlighted for possible renewal. Activating **Renew Rx** button 62 posts a highlighted prior prescription into prescribing zone 44 for automatic renewal, after editing, if desired. Renewal of any prior prescription can thus be effected in as few[,] as two user steps by pressing **Renew Rx** 62

to post a highlighted previous prescription to prescribing zone 44 and [a single further action to complete] completing a prescription in a single step from there. If desired option buttons such as **Renew and Send Last Prescription or Renew All Active Prescriptions** can be added.

The paragraph beginning on page 87, line 8, has been amended as follows:

Alternatively, the requisite information can be downloaded when the allergy review is conducted. Such allergy screening can alternatively be effected when a new drug is posted to **Drug** field 88. Either way, a positive system finding, indicating a risk of allergic reaction to the newly selected drug can activate a visual indicator or warning, for example, **Allergies** button 52 may blink and, if desired, an audible warning may sound alerting they physician to reconsider their selection. Alternatively, or additionally, an alert screen can tell the physician of an allergy if an attempt is made to prescribe an offending drug. Such alerts can be used to notify the physician of drug interactions, can provide adverse treatment warnings or can alert them to non-compliance with formulary recommendations, for example, to the use of an unnecessarily expensive drug, and may be accompanied by suggestions for more appropriate alternative therapies.

Please replace the paragraph beginning on page 99, line 21 through page 100, line 2, has been amended as follows:

Where formulary drugs are professionally acceptable to the physician and of equivalent therapeutic effect to non-formulary drugs, failure to use them is clearly undesirable. This problem is overcome by the present invention. If the physician is satisfied with the formulary drugs offered by the prescription management system of this embodiment, [anyone] any one

formulary drug may be selected and automatically posted to the novel prescription described herein as will be described.

The paragraph beginning on page 113, line 5, has been amended as follows:

The system of the invention can provide a novel approach to drug formulary management whereby prescriber-centric formularies can be established. By means of the system, drug formulary guidelines effectively adapt to the user's prescribing patterns or preferences can be followed effortlessly by the prescriber. This desirable prescriber-centricity can be obtained by giving priority to the prescriber's personal or custom lists or, better still if they are a subset of these, to the patient's history lists, and system-identifying patient-formulary preferences on those lists for easy final picking by the prescriber. Where the prescriber is selecting a drug providing effective therapy for a just-specified condition, the above procedure may often clearly identify a single drug meeting all requirements or may result in a short list of a very small number of drugs for final selection. Where no drug is listed as meeting all requirements, the system may so alert the user and suggest formulary drugs not on the doctor-specific lists or ask the user whether they wish to review appropriate non-formulary drugs from their personal or custom lists.

The paragraph beginning on page 137, line 21, has been amended as follows:

The foregoing description has emphasized an approach to therapy prescribing which records an association between a therapeutic agent (drug) and a condition or problem targeted for resolution or amelioration by the prescribed therapeutic agent. Significant benefits derive from organizing known therapeutic agents according to conditions for which they are known to be effective, and emphasis has been placed herein on a drug selection and specification which begins with

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selection of a problem or condition to be treated, because this is believed to be an appealing and beneficial approach in many circumstances. Frequently however, the physician may know exactly what drug they wish to prescribe, in which case they can [proceed] prescribe via direct drug selection block 67 by proceeding to a direct drug entry screen, and then [specify] specifying the condition targeted by the prescribed treatment when the system prompts entry of the condition block 111.